



Town of Jackson  
Business License Application  
PO Box 1687, Jackson, WY 83001  
Phone: (307)733-3932  
Fax: (307)739-0919  
[www.jacksonwy.gov](http://www.jacksonwy.gov)

Date: \_\_\_\_\_  
License #: \_\_\_\_\_  
☐ New Application  
☐ Updated Application

Both sides of this form must be completed in full. Failure to do so will delay the processing of your application. All payments shall be made at the time of application and shall be non-refundable unless the application is denied. If the Town denies a business license application, a refund will be issued, less a \$44.00 non-refundable application fee. Applications for a business license **must be submitted and approved** by the Town **before the business can begin operations**.

**\*(License will be DELAYED and can potentially be DENIED if any information is incomplete)\***

<b>Sales Tax Collecting Business</b> 1 - 10 employees = \$118.00 11 - 49 employees = \$237.00 50 - 99 employees = \$355.00 100 + employees = \$592.00	<b>Non-Sales Tax Collecting Businesses</b> 1 - 10 employees = \$154.00 11 - 49 employees = \$343.00 50 - 99 employees = \$462.00 100 + employees = \$770.00	
<b>Commercial Property Rental</b> 1 or more rentals = \$120.00	<b>Residential Rentals</b> 3 or more rentals = \$120.00	<b>Agent</b> 0 employees = \$118.00

**\*\* Any change of location or ownership requires a new application, \$44.00 fee, and subject to approval by the Town of Jackson\*\*.**

Business Name: \_\_\_\_\_

D/b/a: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Is the Business in your residence? \_\_\_\_ Yes \_\_\_\_ No

**If YES, submit Home Occupation Form**

Business Physical Address: Street & No: \_\_\_\_\_

Bldg. /Apt: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Mailing Address:

Post Office Box: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone Number : (\_\_\_\_) \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address: \_\_\_\_\_

Was Premise previously occupied? \_\_\_\_ YES \_\_\_\_ NO

If so, was it a: ☐ Residence ☐ Business

If Business, What type: \_\_\_\_\_

Is the property rented/leased or owned? \_\_\_\_ Rented/Leased \_\_\_\_ Owned

**If rented/leased:**

**Name of the Property Owner:** \_\_\_\_\_

**Property Owner's Mailing Address:** \_\_\_\_\_

**Property Owner's Phone Number:** \_\_\_\_\_

**Notarized Letter of Authorization must accompany this application**

Where is the parking provided for your business? \_\_\_\_\_

How many parking spaces are allocated to the business? \_\_\_\_\_

Square Footage of business location: \_\_\_\_\_

If restaurant, how many seats? \_\_\_\_\_

Number of Employees on payroll: \_\_\_\_\_

Will you be posting a sign for your business? \_\_\_\_ Yes \_\_\_\_ No

I, \_\_\_\_\_, do hereby swear and affirm the information I have supplied in this application is true and correct to the best of my knowledge. Further, I do hereby consent to the release of all medical, physical, criminal and any other information, including information of a confidential or privileged nature by any person(s) having such records for the purpose of checking my suitability to obtain the permit requested herein. I hereby release said persons, their organizations, and others from any liabilities or damage which may result from furnishing the requested information. A photocopy of this release is considered as valid as an original.

STATE OF WYOMING            )  
  ) §  
COUNTY OF TETON            )

\_\_\_\_\_  
signature of applicant

SUSCRIBED AND SWORN TO BEFORE ME BY

\_\_\_\_\_  
Printed name of applicant

This \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_

WITNESS my hand and official seal

\_\_\_\_\_  
Notary Public

5.04.021 License required.  
A. It shall be unlawful for any person to transact or carry on any business in the Town not otherwise exempt without first having procured a business license or permit from the Town and complied with all of the applicable provisions of this chapter and any applicable specific requirements or regulations of other chapters of this Code.

For Official Use Only – Please Do Not Write Below This Line

Business is:      Home Occupation                      Home Business                      Other

Zoning: UC                      UC2                      UR                      AR                      AC                      SR                      R  
                 BC                      NC                      NC2                      OP                      RB                      BP                      MHP

Business Physical Location: Within the Town Limits                      In Teton County                      Out of Teton County

Approving Department	Initials	Date Approved	Comments
Building Department			
Fire Department			
Planning Department			
License Fee	\$		
Date Paid			



**BASIC USE PERMIT – HOME OCCUPATION SUPPLEMENTAL FORM**

**Planning & Building Department Planning Division**

150 East Pearl Ave.  
P.O. Box 1687  
Jackson, WY 83001

ph.: (307) 733-0520 or  
(307) 733-0440  
fax: (307) 734-3563  
[www.jacksonwy.gov](http://www.jacksonwy.gov)

**Please complete the following:** (This form is required for anyone with a residential business address)

**Name of Business:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**Business Contact Information: (Please Print)**

**Name:** \_\_\_\_\_

**Phone #:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

Is this business conducted by a person living within the dwelling? Y/N

Provide a brief description of your business: (**REQUIRED**):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is anyone residing off-premises employed on the premises of the home? Y/N

Where is parking provided? \_\_\_\_\_

Is the home occupation less than 25% of the home's habitable floor area? Y/N

If yes, what is the square footage devoted to the home occupation? \_\_\_\_\_

Will any signage displayed be less than 2 square feet and attached to the home? Y/N

Will you ensure there is no window display or other public display of merchandise or material? Y/N

Will you need to park vehicles other than your personal vehicle? Y/N

Will you need to store equipment on site? Y/N

Where will this equipment be stored? \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

# LETTER OF AUTHORIZATION

\_\_\_\_\_, "Owner" whose address is: \_\_\_\_\_

(NAME OF ALL INDIVIDUALS OR ENTITY OWNING THE PROPERTY)

\_\_\_\_\_, as the owner of property  
more specifically legally described as: \_\_\_\_\_

(If too lengthy, attach description)

HEREBY AUTHORIZES \_\_\_\_\_ as  
agent to represent and act for Owner in making application for and receiving and accepting  
on Owner's behalf, any permits or other action by the Town of Jackson, or the Town of  
Jackson Planning, Building, Engineering and/or Environmental Health Departments  
relating to the modification, development, planning or replating, improvement, use or  
occupancy of land in the Town of Jackson. Owner agrees that Owner is or shall be deemed  
conclusively to be fully aware of and to have authorized and/or made any and all  
representations or promises contained in said application or any Owner information in  
support thereof and shall be deemed to be aware of and to have authorized any subsequent  
revisions, corrections or modifications to such materials. Owner acknowledges and agrees  
that Owner shall be bound and shall abide by the written terms or conditions of issuance of  
any such named representative, whether actually delivered to Owner or not. Owner agrees  
that no modification, development, platting or replating, improvement, occupancy or use of  
any structure or land involved in the application shall take place until approved by the  
appropriate official of the Town of Jackson, in accordance with applicable codes and  
regulations. Owner agrees to pay any fines and be liable for any other penalties arising out  
of the failure to comply with the terms of any permit or arising out of any violation of the  
applicable laws, codes, or regulations applicable to the action sought to be permitted by the  
application authorized herein.

Under penalty of perjury, the undersigned swears that the foregoing is true and, if signing  
on behalf of a corporation, partnership, limited liability company or other entity, the  
undersigned swears that this authorization is given with the appropriate approval of such  
entity, if required.

OWNER:

\_\_\_\_\_  
(SIGNATURE) (SIGNATURE OF CO-OWNER)

*Title:*\_\_\_\_\_

(if signed by officer, partner or member of corporation, LLC (secretary or corporate owner) partnership or  
other non-individual Owner)

STATE OF \_\_\_\_\_ )  
 ) SS.  
COUNTY OF \_\_\_\_\_ )

The foregoing instrument was acknowledged before me by \_\_\_\_\_ this \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

WITNESS my hand and official seal.

(Seal)

\_\_\_\_\_  
(Notary Public)

My commission expires: